

CULTURE-SPECIFIC INFORMATION

## **CPC-CBT:** Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse

#### **Engagement**

For which specific cultural group(s) (i.e., SES, religion, race, ethnicity, gender, immigrants/refugees, disabled, homeless, LGBTQ, rural/urban areas) is this treatment tailored? If none, please respond "not specifically tailored."

The treatment incorporates elements as described below to respond to the needs of many groups.

#### Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.

Some of our efforts toward enhancing the cultural competence/relevance of our model and enhancing our ability to engage clients of all cultural backgrounds have been based on consumer feedback and are notable. With regard to the relevance of interventions, it is notable that other interventions utilizing similar CBT strategies have found no differential treatment effects based on ethnicity. Research has also suggested that African-Americans and other minority populations may be more amenable to structured therapy approaches that seem more like a class than therapy. As such, we are cognizant of how we describe our therapy when introducing it to families via the telephone prior to the initial assessment and during subsequent sessions. The treatment included a number of aspects that, while not necessarily culture-specific, may have increased the relevance of the treatment protocol to the families served and engaged them in the treatment process. For example, the therapists established collaborative working relationships with families. A primary goal was to empower our parents to feel as though they were an effective agent of change in their environments, particularly with regard to their children's behavior. They also initiated discussions and demonstrated respect for families' cultural beliefs and traditions (i.e., cultural, ethnic, religious, gender, etc.) and worked with families to determine how some new skills might fit into their preexisting environment and how others might not work. Other families presented with specific goals in mind for their families and their children, some of which were related to their cultural beliefs, traditions, and backgrounds. By establishing a collaborative relationship with them, listening to them educate us about their beliefs and goals and discussing what the treatment offers that may help them achieve those goals, families appeared to become more engaged in the treatment process. In sum, engagement strategies are tailored to each family regardless of culture.

#### Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention?

Compounded by other culturally-relevant factors, many children and families who are referred for child physical abuse may be distrustful and reluctant to participate in treatment and be open about abusive experiences to systems due to the discriminatory and oppressive practices directed towards them by these very systems (Fontes, 1993), as well as their fears of being judged and persecuted by treatment providers. We establish collaborative working relationships to determine how we can work with families to find available options to attain their goals.



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CULTURE-SPECIFIC INFORMATION At-Risk for Child Physical Abuse	
Engagement continued	We also empathize and align with parents in a non-judgmental fashion while keeping the delicate balance of holding them accountable for their abusive behavior(s). We also utilize a motivational procedure/consequence review (Donohue, Van Hasselt, et al., 1998) to motivate parents and engage them in the treatment process.
Language Issues	How does the treatment address children and families of different language groups? We have incorporated Spanish-language parenting books (Whitham, 2002, 2003) into the treatment. We have also translated many of our handouts into Spanish and the protocol has been utilized with families who speak Spanish only who were not involved in the treatment studies.  If interpreters are used, what is their training in child trauma? N/A
	Any other special considerations regarding language and interpreters? N/A
Symptom Expression	If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms? N/A
Assessment	In addition to any differences noted above, are there any differences in assessment measures used across cultural groups? If so, please indicate which measures are used for which cultural groups. Are there normative data available for the populations for which they are being used?  We have carefully selected assessment measures that were normed on diverse populations. We use the same measures across cultural groups. Some of the measures have been translated into Spanish and others are published in Spanish.
	If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?  Normative data for diverse populations exists for some of the assessment measures.  We are cautious about interpreting measures not normed on Spanish-speaking populations and often examine only the individual items.
	What, if any, culturally specific issues arise when utilizing these assessment measures? N/A
Cultural Adaptations	Are cultural issues specifically addressed in the writing about the treatment? Please specify.  None to date.



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### Cultural Adaptations continued

**Do culture-specific adaptations exist? Please specify** (e.g., components adapted, full intervention adapted). Boyd-Franklin highlights a need to help parents understand that while certain forms of spanking may have a place in the overall disciplinary program, an exclusive reliance can be counterproductive. Our approach has been not to tell parents that they are bad or that spanking is bad, but to discuss with them non-violent alternatives to keep their children safe and to avoid any further negative consequences for themselves or their children. We have also incorporated culturally sensitive parenting materials into our protocol, such as Howard Stevensen's parenting book (Stevenson, Davis & Abdul-Kabir, 2001), articles about praise from Essence magazines, Spanish language parenting books (Whitham, 2002, 2003), and Nancy Boyd-Franklin's book about raising black men.

## Intervention Delivery Method/ Transportability & Outreach

### If applicable, how does this treatment address specific cultural risk factors (i.e., increased susceptibility to other traumas)?

The treatment included a number of aspects that while not necessarily culture specific may have increased the relevance of the treatment protocol to the families served. For example, the therapists established collaborative working relationships with families. A primary goal was to empower our parents to feel as though they were an effective agent of change in their environments, particularly with regard to their children's behavior. They also initiated discussions and demonstrated respect for families' cultural beliefs and traditions and worked with families to determine how some new skills might fit into their pre-existing environment and how others might not work. Boyd-Franklin (1989, 1993) cites literature indicating that African-American children are overrepresented in special education classes. Our therapists provided case management services to empower African-Americans, and all of our families, to advocate for their children at school and obtain positive results. In four cases, the plan was to extricate the children from the regular school system. After our involvement, therapists and parents were able to work with the school in order to maintain these children in the regular school system. With regard to the relevance of interventions, it is notable that other interventions utilizing similar CBT strategies have found no differential treatment effects based on ethnicity. Research has also suggested that African-Americans and other minority populations may be more amenable to structured therapy approaches that seem more like a class than therapy.

Is this a clinic-based treatment or is the treatment transportable (e.g., into home, community)? If the treatment is transportable, how is it adapted into the new setting? Is it still efficacious? Clinic-based treatment.

**Are there cultural barriers to accessing this treatment** (i.e., treatment length, family involvement, stigma, etc.)? We are careful in the way we approach clients about the treatment and in our own descriptions of the treatment in our initial phone contacts and subsequent sessions, being mindful that the stigma attached to abuse-related and mental health-related issues may be a barrier to them attending treatment.



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## Intervention Delivery Method/ Transportability & Outreach continued

Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)? We offer transportation and babysitting of siblings in our waiting room which have been identified as barriers for many of our clients. A majority of our clients do not pay out of pocket for these services. We have a variety of resources (i.e., grants, child protection contract, etc.) that permit us to offer these services free of charge to the families.

**Are these barriers addressed in the intervention and how?** To eliminate barriers that might prohibit families, regardless of culture, from accessing services, we offer a variety of support services, such as client transportation and volunteer babysitting for young clients and their siblings.

What is the role of the community in treatment (e.g., local groups such as faith-based organizations, community groups, youth and/or parent organizations, first responders, schools)? Our therapists provided case management services to empower African-Americans, and all of our families, to advocate for their children at school and obtain positive results. In four cases, the plan was to extricate the children from the regular school system. After our involvement, therapists and parents were able to work with the school in order to maintain these children in the regular school system.

#### **Training Issues**

#### If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training?

During our supervision/team meetings, we have frequent discussions related to the cultural context of corporal punishment and physical abuse and how this may impact our approach with and the response from particular clients. As mentioned above, we tailor engagement strategies to the specific clients and culture is one variable that may be addressed in planning our approach. Much of the work described above was done in response to formal, confidential feedback elicited from our clients, 71% of whom identified themselves as African-American, Hispanic, and Biracial.

#### References

Boyd-Franklin, N. (1989). Black families in therapy: A multisystems approach. New York, NY: Guilford Press.

Boyd-Franklin, N. (1993). Race, class, and poverty. In Walsh, F. (Ed.), *Guilford family therapy series: Normal family processes* (2nd ed., pp. 361-376). New York, NY: Guilford Press.

Donohue, B., Van Hasselt, V. B., Hersen, M. & Perrin, S. (1998). Role-play assessment of social skills in conduct disordered and substance abusing adolescents: An empirical review. *Journal of Child & Adolescent Substance Abuse*, 8, 1-28.

Fontes, L. (2003). Reducing violence in multicultural schools. In P. Pedersen & J. C. Carey (Eds.), Multicultural counseling in schools: A practical handbook (2nd ed., pp. 211-233). Boston: Alwyn & Bacon.

Stevenson, H. C., Davis, G. & Abdul-Kabir, S. (2001). Stickin' to, watchin' over, and gettin' with: An African American parent's guide to discipline. San Francisco: Jossey-Bass.

Whitham, C. (2002). *La respuesta es no: Aprenda a decir no y cómo mantenerlo*. Barcelona, Spain: Amat Editorial.

Whitham, C. (2003). *Gana la guerra de los berrinches y otras contiendas: Un plan de paz familiar.* Glendale, CA: Perspective Publishing.